

Program Title:

## The Commonwealth of Massachusetts Division of Professional Licensure 239 Causeway Street, Boston, MA 02114 Board of Embalming & Funeral Directing www.mass.gov/dpl/boards/em 617-727-1718

## **Continuing Education Program Application**

(must be submitted 30 days in advance of program date)

rogram Coordinator or Sponsor:
applicant's Name:
applicant's Address:
applicant's Telephone Number:
Pate(s) and Location(s) of Program:
otal Number of Hours Requesting:
lease return this application with the following:
Course materials or syllabus including a course description that clearly describes the content of the course and a summary outline of major topics with the number of classroom hours devoted to each major topic Instructor's qualifications
Programs must be open to all members of the embalming and funeral directing profession. Please be sure you have enclosed all the required materials for review. Other materials hay be requested if necessary to determine the appropriateness of the course. Incomplete aperwork will be returned to the applicant.
y my signature, I hereby state the above information is true to the best of my knowledge.
ignature of Applicant Date
Office Use Only
Date Reviewed:  Approved  Denied-Reason: